HOUSING WAIT LIST OPENING

Step by Step Guide on How to Apply for the Housing Wait List through Rent Café

Need help?

Call 703-246-5100 or visit the Fairfax County Department of Housing and Community Development office:
3700 Pender Drive in Fairfax, VA 22030
www.fairfaxcounty.gov/housing

You can apply from any device with Internet access

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3700 Pender Drive in Fairfax, VA 22030

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To access the website from any Internet-accessible device, click the QR Code below. It will take you to the web address below:

www.fairfaxcounty.gov/housing/rentalhousing/project-based-voucher-program

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SET UP A RENT CAFÉ ACCOUNT

BEFORE YOU GET STARTED:

Below are the required items when you apply to the wait list:

- Email address
- Best phone number to reach you
- Income information
- Information on your household composition

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When you reach the Rent Café page, you will be prompted to login.

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If you need assistance with a reasonable accommodation, please call 703-246-5100.

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Click the "Click here to register" text to create a new account.
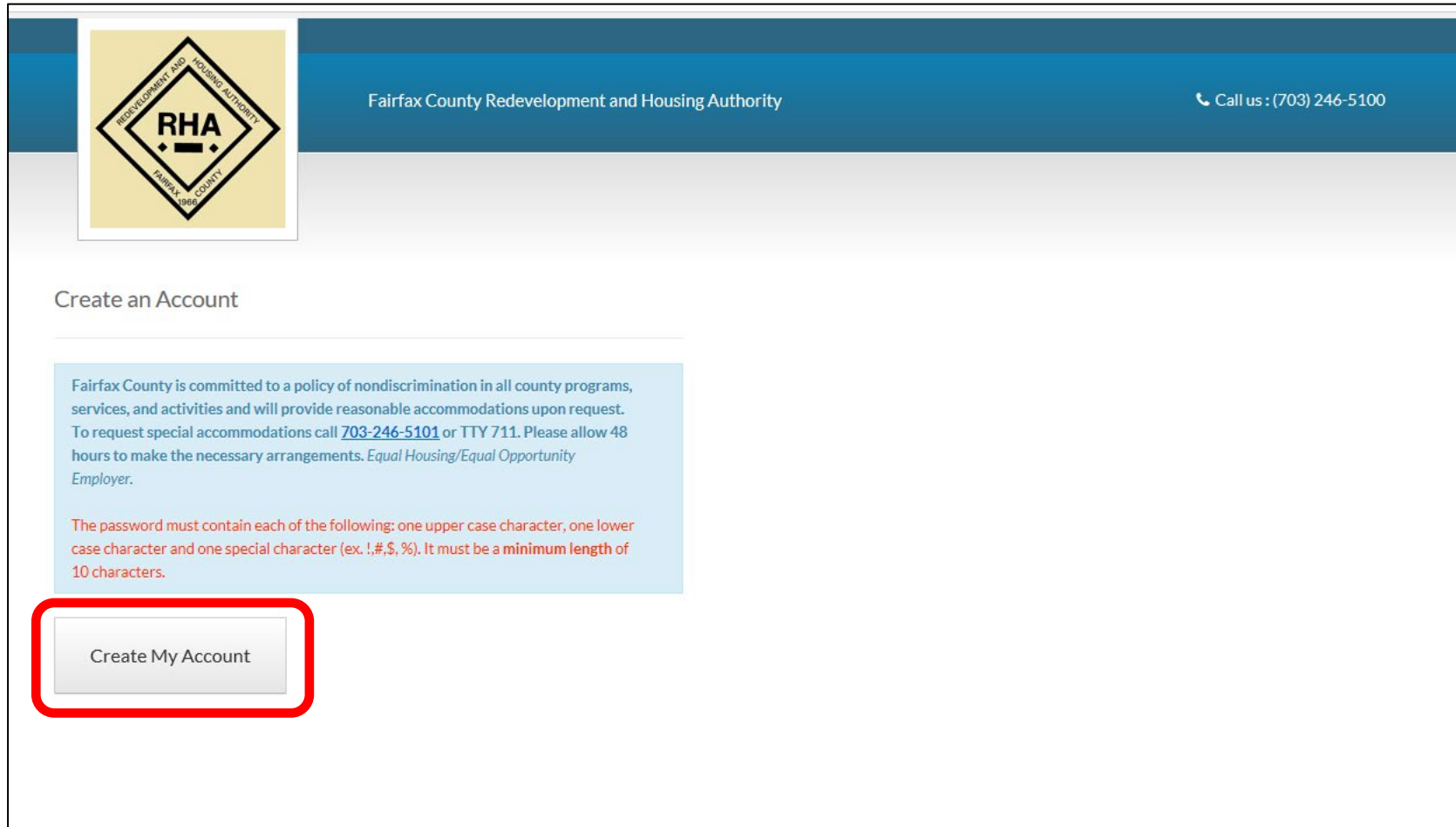
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Click the "Create My Account Button"

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Need help?
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Please fill in the information in the boxes.

Personal Details

First Name*

First Name

Last Name*

Last Name

SSN#* (If you do not have a SSN, please enter 999-99-9999)

Phone (Home)*

(555) 555-5555

Account Information

Email Address* (Your email address is your user name)

YourEmail@Example.com

Password*

Password

Confirm Password*

Confirm Password

I'm not a robot
reCAPTCHA
Privacy - Terms

I have read and accept the Terms and Conditions

* Required fields

Register

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Enter the following information:
- First Name
- Last Name

Personal Details

First Name*

First Name

Last Name*

Last Name

SSN#* (If you do not have a SSN, please enter 999-99-9999)

Phone (Home)*

(555) 555-5555

Account Information

Email Address* (Your email address is your user name)

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Password*

Password

Confirm Password*

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Enter the following
information:

- Social Security Number
  If you do not have a
  Social Security Number
  type 999-99-9999

Personal Details

First Name*

First Name

Last Name*

Last Name

SSN#* (If you do not have a SSN, please enter 999-99-9999)

Phone (Home)

(555) 555-5555

Account Information

Email Address* (Your email address is your user name)

YourEmail@Example.com

Password*

Password

Confirm Password*

Confirm Password

I'm not a robot

reCAPTCHA
Privacy - Terms

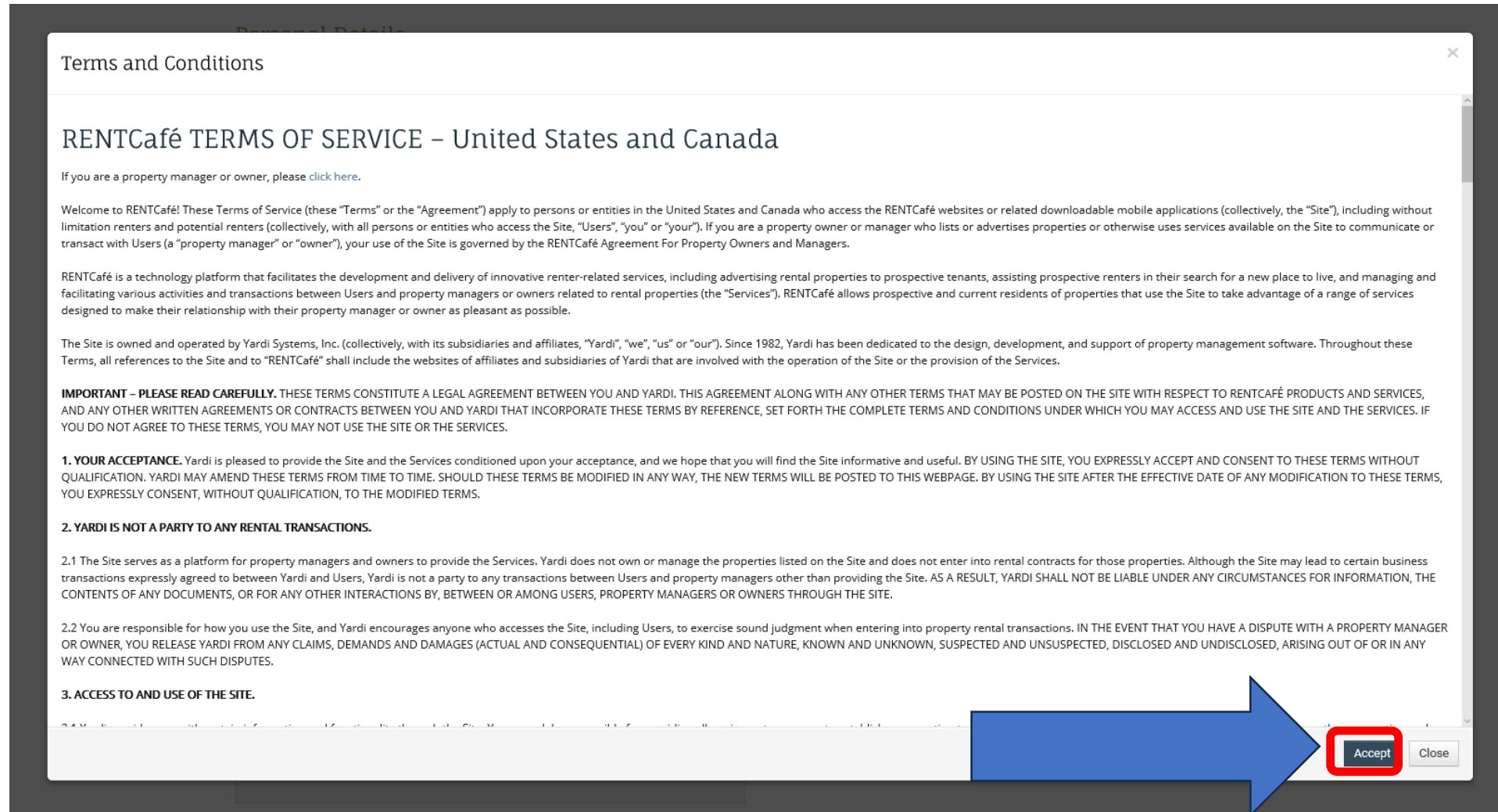☐ I have read and accept the Terms and Conditions

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Enter your phone number

Personal Details

First Name*

First Name

Last Name*

Last Name

SSN#* (If you do not have a SSN, please enter 999-99-9999)

Phone (Home)*

(555) 555-5555

Account Information

Email Address* (Your email address is your user name)

YourEmail@Example.com

Password*

Password

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Enter your email address

Personal Details

First Name*

First Name

Last Name*

Last Name

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Phone (Home)*

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Account Information

Email Address* (Your email address is your user name)

YourEmail@Example.com

Password

Password

Confirm Password*

Confirm Password

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Create a Password

Must be a minimum of 10 characters long and must contain at least one lower case, and one upper case letter, one number, and one symbol (such as: ! @ # $ %)

Personal Details

First Name*

First Name

Last Name*

Last Name

SSN#* (If you do not have a SSN, please enter 999-99-9999)

Phone (Home)*

(555) 555-5555

Account Information

Email Address* (Your email address is your user name)

YourEmail@Example.com

Password*

Password

Confirm Password*

Confirm Password

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Click box on the left of "I'm not a robot" and answer the security question.

Personal Details

First Name*
First Name

Last Name*
Last Name

SSN#* (If you do not have a SSN, please enter 999-99-9999)

Phone (Home)*
(555) 555-5555

Account Information

Email Address* (Your email address is your user name)
YourEmail@Example.com

Password*
Password

Confirm Password*
Confirm Password

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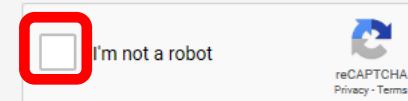
Click the box next to "I have read and accept the Terms and Conditions."

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Read the Terms and Condition then click the blue "Accept" button

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Click Register

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HOW TO APPLY FOR THE WAIT LIST

The application is available in English, Spanish, Vietnamese, Arabic, Chinese (Simplified), and Korean. Click the language.

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Press the blue "Save and Continue" button

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Press the blue "Save and Continue" button

Need help?
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Enter your current mailing address (where you live now)

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Enter your contact information. Press the blue "Save and Continue" button when finished.

Need help?
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Press the blue "Save and Continue" button

Enter Date of Birth and Gender

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Press the blue "Save and Continue" button

Click on the box next to applicable race or you have the option to select "None."

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Select Hispanic, or Non-Hispanic

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Select Citizenship

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Press the blue "Save and Continue" button

Press the blue "Save and Continue" button

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Enter information for Spouse or Co-Head of Household

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Press the blue "Save and Continue" button

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Enter Annual Income. Your household size will be used to determine number of bedrooms your household is eligible for and your household income will be used for housing program pre-eligibility.

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Enter information for Family Members. If there are no future tenants in a particular category, you must enter a 0. Do not leave any of these boxes blank.

Income and Members

Please provide information regarding all members of your household—both the number of each type of household member and your family's annual income. **Your household size will be used to determine the number of bedrooms your household is eligible for and your household annual income will be used to determine housing program pre-eligibility.**

Annual income means all amounts, monetary or not, that:
(1) Go to or on behalf of any family member
(2) Are anticipated to be received by the family

Family Income
Annual Income* $25,000.00

Family Members

	Male	Female	Total
Head of Household			1
Spouse/Co-head			1
Number of Other Adults	1	0	1
Number of Students 18+ Years Old	0	0	0
Number of Youth less than 18 Years Old	1	1	2
Number of Foster Children	0	0	0
Number of Live-in Aides	0	0	0
Number of People in Household			5

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Press the blue "Save and Continue" button

Income and Members

Please provide information regarding all members of your household—both the number of each type of household member and your family's annual income. **Your household size will be used to determine the number of bedrooms your household is eligible for and your household annual income will be used to determine housing program pre-eligibility.**

Annual income means all amounts, monetary or not, that:
(1) Go to or on behalf of any family member
(2) Are anticipated to be received by the family

Family Income
Annual Income* $25,000.00

Family Members

	Male	Female	Total
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Number of Youth less than 18 Years Old	1	1	2
Number of Foster Children	0	0	0
Number of Live-in Aides	0	0	0
Number of People in Household			5

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Select Accessibility Needs if applicable.

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Press the blue "Save and Continue" button

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Enter Special Needs if applicable

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Press the blue "Save and Continue" button

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Select box next to the Waiting List

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Press the blue "Save and Continue" button

Select Preference if applicable

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Press the blue "Save and Continue" button

Preferences

If none apply, please click Save and Continue.

Search: [ ]

Select	Preference	Description
☐	Rent	Applicant household must meet one of the following criteria: • Must earn less than 50% of the area median income (AMI) based on the family size • Must be paying more than 30% of gross income for rent and utilities
☐	Residency	Applicant(s) must meet one of the following criteria: • Head of household, spouse or co-head must reside in, work or are hired to work in the following jurisdictions: Fairfax County, City of Falls Church, Town of Herndon or City of Fairfax • Head of household, spouse or co-head must have graduated from or are active participants in education and training programs designed to prepare the applicant(s) for the job market in Fairfax County, City of Falls Church, Town of Herndon, or City of Fairfax
☐	Working	Applicant(s) must meet one of the following criteria: • Head of household and spouse co-head, or sole member is age 62 or older, or is a person with disabilities • Head of household or spouse must be employed, attending school and/or participating in a job training program or a combination of these for at least 30 hours per week • Sole adult in the household is working less than 30 hours per week and is the primary caretaker of a disabled minor dependent

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Final review of application. Review each one to make sure information is correct.

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Read the Terms and Conditions

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Press the box "I accept all of the above Terms and Conditions"

Final review & submission

Please verify that the information you have submitted is correct. If you want to make changes, click the appropriate menu links on the left side of the screen. When you are finished, click Submit Application.

HoH Information   HoH Demographics   Spouse or Co-Head   Income and Members   Accessibility Needs   Special Needs

Preferences   Waiting List

Hearing Access	☐
Mobility Access	☐
Sight Access	☐
None	☑

Terms and Conditions

I certify that the information given to the Fairfax County Redevelopment and Housing Authority on household composition, income and assets is accurate and complete.

WARNING: TITLE 18, SECTION 1001 OF THE UNITED STATES CODE STATES THAT IT IS UNLAWFUL TO KNOWINGLY AND WILLINGLY MAKE FALSE STATEMENTS OR MISREPRESENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES.

☐ accept all of the above Terms and Conditions.

[Go Back.]   [Submit Application]

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Press the blue "Submit Application" button

Final review & submission

Please verify that the information you have submitted is correct. If you want to make changes, click the appropriate menu links on the left side of the screen. When you are finished, click Submit Application.

HoH Information   HoH Demographics   Spouse or Co-Head   Income and Members   Accessibility Needs   Special Needs

Preferences   Waiting List

Hearing Access	☐
Mobility Access	☐
Sight Access	☐
None	☑

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I certify that the information given to the Fairfax County Redevelopment and Housing Authority on household composition, income and assets is accurate and complete.

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[Go Back.]   [Submit Application]

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You will receive a confirmation number. Please keep this as you may need it if communicating with Housing Staff about your application.

Press the blue "Download Application in PDF" button to save a copy of your application.

Press the blue "Logout" button when done

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